

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **46651**

FILED JAN 7 1958

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 542		Registrar's No. 3261	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY St. Louis		a. STATE Missouri		b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) Ferguson		c. LENGTH OF STAY (in this place) 4 years		c. CITY OR TOWN Ferguson		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 223 Kirk Drive				e. STREET ADDRESS (If rural, give location) 223 Kirk Drive			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH (Month) (Day) (Year)			
a. (First) KARE		b. (Middle) EWALD		c. (Last) DENNER		12-21-1957	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 1-21-1891	
9. AGE (In years last birthday) 66		10. IF UNDER 1 YEAR Months Days Hours Min.		11. BIRTHPLACE (City and State or Foreign Country) Germany		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired-Skilled Labor-Tool and Die Maker				10b. KIND OF BUSINESS OR INDUSTRY			
13a. FATHER'S NAME August Denner				13b. MOTHER'S MAIDEN NAME Louise Buchner		14. NAME OF HUSBAND OR WIFE Emilie Denner	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. 493-03-7200		17. INFORMANT'S SIGNATURE OR NAME Emilie Denner	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				19. ADDRESS 223 Kirk Drive			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease				INTERVAL BETWEEN ONSET AND DEATH Bycans			
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. Due to (b) Generalized arteriosclerosis							
DUE TO (c) H200							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hemiplegia -				Bycans			
19a. DATE OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from April 2, 1953 , to Dec. 21, 1957 , that I last saw the deceased alive on Dec. 18, 1957 , and that death occurred at 10:50 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Albert J. Gnade				23b. ADDRESS 3606 Gravois		23c. DATE SIGNED 12-23-57	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 12-24-1957		24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park		24d. LOCATION (City, town, or county) (State) 10160 Gravois Road Mo	
DATE REC'D BY LOCAL		REGISTRAR'S SIGNATURE Herbert R. Donahue		25. FUNERAL DIRECTOR'S SIGNATURE Herbert R. Donahue			
12-23-57				ADDRESS 6409 Gravois Ave			

(Licensed Embalmer's Signature on Reverse Side)

Dr. Albert Gnade 3606 Gravois
PR 2-7380
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 1936 JUN 10 10 30 AM
OFFICE OF THE
STATE EMBALMER

Actual Date

Procession

Actual Date

Removal

Removal

With Mark Drive

With Mark Drive

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 4343

P. O. Address St. Louis

A 0001

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

1936-12-1